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September 19, 2003

Unchalee Kositprapa

Novel pharmaceutical formulat

10/664.803

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Art Unit

First Named Inventor

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OP

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WITH A NEW POWER OF ATTORNEY

signature is required, see below* *Total of

forms are submitted.

Examiner Name Aradhana Sasan CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 141-424 I hereby revoke all previous powers of attorney given in the above-identified application, A Power of Attorney is submitted herewith, OR I hereby appoint Practitioner(s) associated with the following Customer 96056 Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-Identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number: OR Firm or individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record ATTIM Signature Date Name Brett Hagadorn Telephone Corporate Counsel, Sr. Watson Pharmaceuticals, Inc.

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